

U. S. Department of Health and Human Services  
National Institutes of Health

## NIH Loan Repayment Programs

### Applicant Information

#### Applicant's Instructions:

Please complete all sections of this form. Attach a copy of your *curriculum vitae* (see reverse for requirements), your personal statement, your loan data verification form(s), and your signed contract. See reverse for detailed instructions.

► Send this package to the National Institutes of Health Loan Repayment Programs, 2 Center Drive, MSC 0230, Bethesda, Maryland 20892-0230.

1. Applicant's Name (*Last, first, middle*)

1a. Other Names Used (*e.g., maiden*) (*Last, first, middle*)

2. Professional Degree(s) (*If you have a Ph.D., you must attach your dissertation abstract.*)

3. Social Security No. (*Giving your Social Security number (SSN) is voluntary; however, it is necessary for processing your application. If we do not have your SSN, we cannot process your application. Please see the Privacy Act information in this package.*)

4. Indicate the NIH loan repayment program you are applying to

- ☐ General Research Loan Repayment Program
- ☐ AIDS Research Loan Repayment Program
- ☐ Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds (*See reverse for eligibility restrictions and special instructions.*)

5a. Do you owe a service obligation to a Federal, State, or other entity? (*See reverse.*)

- ☐ No. (*Skip to Item 6.*)
- ☐ Yes. (*Go to Item 5b.*)

5b. Name and address of the program

5c. Name and phone number (*including area code*) of individual representing the program

5d. Give the date you expect to fulfill the obligation. If the obligation is deferred, attach a copy of the letter of deferment.

6. Anticipated NIH Start Date (*See reverse.*)

#### 8. Certification of Nondelinquent Status

The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a Federal judgment lien against his/her property arising from a Federal debt from receiving Federal funds until the judgment is paid in full or otherwise satisfied. Applicants for the NIH Loan Repayment Programs must certify that they do not have a judgment lien against their property arising from a debt to the United States.

**I hereby certify** that I [do ☐] [do not ☐] have a judgment lien against my property arising from a debt to the United States.

**I hereby certify** that I [am ☐] [am not ☐] delinquent on any debt to the United States.

7. Completion of this item is VOLUNTARY; the information provided will be used to measure the extent to which members of these groups are applying for and receiving NIH Loan Repayment Program contracts. Failure to answer this question will have no effect on your consideration for these programs.

- a: ☐ Female ☐ Male
- b: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
- c: (*Select one or more*)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

**9. Certification.** I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact which would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for return of all awarded funds and, further, that any false statement may be punished as a felony under U.S. Code, Title 18,

Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

I authorize the program named in Item 5 to release information about my service obligation to administrators of the NIH Loan Repayment Programs, and to other authorized Government officials.

Signature (*Sign your full name in ink.*)

Date

# Application Instructions for the National Institutes of Health (NIH) Loan Repayment Programs (LRP)

The "Applicant Information" form (NIH 2674-1, pages 1–2), "Loan Data Verification" form(s) (NIH 2674-2), "NIH Loan Repayment Programs Contract" (NIH 2674-4), and their required attachments should be completed and sent directly to the National Institutes of Health Loan Repayment Programs, 2 Center Drive, MSC 0230, Bethesda, Maryland 20892-0230. Individuals are also responsible for ensuring that three references each complete an "Evaluation and Recommendation" form (NIH 2674-1, page 3) and send them directly to the LRP at the address above (envelopes are provided in this package).

Applicants to the AIDS Research Loan Repayment Program must also submit the "ICD Recommendation: Proposed Research Assignment" form (NIH 2674-3, page 2) in consultation with their employing Institute, Center, or Division (ICD) and NIH research advisor/supervisor. The NIH may only consider applications of individuals who have received a two-year minimum employment commitment or three-year employment commitment for the General Research LRP to conduct qualified research as NIH employees. Individuals may consult the LRP InfoLine at 800-528-7689 for further information, assistance, and NIH ICD representatives.

## Instructions for Form NIH 2674-1 (Revised 9/96)

### **Curriculum Vitae (C.V.) Requirements**

C.V.'s should include the following:

- Identification and contact information, which includes your name, home address, home and work phone numbers, and citizenship status.
- Education and professional training information such as undergraduate, graduate, and medical; internship, residency, subspecialty, and other postdoctoral fellowships or training programs attended and completed, including the name of the institution; the periods of attendance or participation; degrees, board eligibility and certifications and credentials received; and any professional positions held prior to duty at NIH.
- Description of previous research or laboratory experience, including dates, time spent, name of preceptor, and the research area.
- Publications, if any.

**Item** (Items not listed are considered to be self-explanatory.)

### **2. Professional Degree(s)**

Enter all post baccalaureate degrees (i.e., M.D., Ph.D., M.P.H.). If you have a Ph.D., you must attach your dissertation abstract.

### **3. Social Security Number**

The Social Security number (SSN) is required to identify applicants who are selected for LRP contracts to the U.S. Department of the Treasury, Internal Revenue Service, for the payment of Federal income tax on LRP funds paid to your lenders. (See Privacy Act Notification Statement in this package.) Your SSN is used for identification purposes only.

### **4. Clinical Research LRP**

Only individuals from disadvantaged backgrounds are eligible for the Clinical Research LRP. An individual from a disadvantaged background (42 CFR Part 57.1804[c]) is one who:

- (1) Comes from an environment that inhibited the individual from obtaining the knowledge, skill, and ability required to enroll in and graduate from a health professions school; or
- (2) Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels in the *Federal Register*.

An individual must certify disadvantaged status under the above definition by submitting the following with this form:

- (1) written statement from the individual's former health professions school(s) that he/she qualified for Federal disadvantaged assistance during attendance; OR (2) a personal statement explaining the applicability of the above definition to his/her circumstances. Current financial need alone is *NOT* sufficient to classify an individual as being from a disadvantaged background.

### **5a. Service Obligation**

Enter yes or no as to whether or not you currently owe a service obligation to a Federal, State, or other entity. The following are examples of programs requiring service obligations:

- Physicians Shortage Area Scholarship Programs (Federal or State)
- National Research Service Award Program
- Public Health Service Scholarship Program
- National Health Service Corps Scholarship Program
- Armed Forces (Army, Navy, or Air Force) Health Professions Scholarship Program
- Indian Health Service Scholarship Program

Individuals with obligations under these programs (including monetary penalties resulting from failure to serve as required) are ineligible for the LRP until these obligations are satisfied or unless their service obligation has been deferred by the appropriate Federal, State, or other entity for the period of their service obligation to the LRP.

No loan will be repaid under the LRP which will have the effect of eliminating any service obligation, or which conflicts with an existing service obligation.

### **5c. Name and Phone Number of Individual Representing the Program**

Enter the name and telephone number of the program official who can confirm the nature of your obligation.

### **5d. Date of Service Satisfaction**

Enter the date that you will satisfy your obligation or, if deferred, provide a copy of a letter of deferment which indicates the deferment period.

### **6. Anticipated NIH Start Date**

Indicate the date you will be able to start working at NIH, the enter-on-duty (EOD) date stated in your offer of employment from the Personnel Office, or your actual EOD date if you have already commenced NIH employment. Note that the two-year or three-year minimum service requirement and the determination of benefits both begin as of the program eligibility date, the date by which the Secretary, HHS, executes your contract and you begin a qualified research assignment as an NIH employee.

### **7. Gender/Race/Ethnicity (Voluntary)**

Completion of this item is VOLUNTARY. Failure to answer this question will have no effect on your consideration for this program. This information will be used only for purposes of identifying the number of applications received from and contracts awarded to individuals from these groups.

### **9. Certification**

Your application cannot be considered unless this Certification is signed and dated.

U. S. Department of Health and Human Services  
National Institutes of Health

**NIH Loan Repayment Programs**

**Applicant Information:  
Personal Statement**

Applicant's Name (*Last, first, middle*)

**Applicant's Instructions:**

- A. Using the space provided below and on the reverse, answer the following questions:
- What are your career goals?
  - What are your research and academic objectives?
- B. This form must be typewritten.

(continued on reverse)

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**NIH Loan Repayment Programs**  
**Applicant Information:**  
**Personal Statement** *(continued)*

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U. S. Department of Health and Human Services  
National Institutes of Health

**NIH Loan Repayment Programs**

**Applicant Information:  
Recommendation**

Information provided on this form will be used by NIH officials considering applications to the NIH Loan Repayment Programs.

**Applicant's Instructions:**

Please complete Section A. Give this form to three individuals who can assess your academic, clinical, research, and other relevant skills and abilities.

**Recommender's Instructions:**

Please complete Section B and return it to the National Institutes of Health Loan Repayment Programs, 2 Center Drive, MSC 0230, Bethesda, MD 20892-0230. If you have any questions, please call 1-800-528-7689.

**Section A—The applicant completes this section.**

1. Applicant's Name (*Last, first, middle*) Please print.

2. Position Title

☐ NIH Clinical Associate

☐ Research Associate

☐ Staff Fellow

☐ Medical Officer

☐ Nurse

☐ Other: \_\_\_\_\_

3. Brief Description of Position

**Applicant's Certification**

I certify that I am requesting a recommendation from an individual of my choosing which will be included in my NIH Loan Repayment Program (LRP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials to determine my eligibility for participation in an LRP. I understand that the recommendation I am requesting shall be held in confidence and protected from disclosure by officials of the NIH Loan Repayment Programs according to Privacy Act System of Records #09-25-0165 (see *Assurance of Confidentiality and Privacy Act Notice* in this application package).

***I understand that I will not have access to this recommendation, based on the promise of confidentiality provided to my recommender in Section B of this form and in accordance with Section 552a(k)(5) of the Privacy Act of 1974.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section B—The recommender completes this section.**

→ **Please note** that the information provided in this section **shall be held in confidence and protected from disclosure** by officials of the NIH Loan Repayment Program according to Privacy Act System

of Records #09-25-0165 only if the applicant's signature appears above (See Assurance of Confidentiality and Privacy Act Notice in this application package.)

1. Name of Recommender (*Last, first, middle*)

2. How long have you known the applicant?

3. Recommender's Position and Institution (*University, Medical School, or Hospital*)

4. Mailing Address and Phone Number (*including area code*)

5. What is your estimation of the applicant's potential for research and academic medicine?

☐ Best (Top 1%)

☐ Top 10%

☐ Average

☐ Top 5%

☐ Top 33<sup>1</sup>/<sub>3</sub>%

☐ Below Average

Comments: \_\_\_\_\_

6. How apt a scholar is the applicant? Consider class standing, grades, scholastic honors, special training, or any other factors known to you which you deem pertinent to the applicant's potential success in basic and/or clinical research.

☐ Best (Top 1%)

☐ Top 10%

☐ Average

☐ Top 5%

☐ Top 33<sup>1</sup>/<sub>3</sub>%

☐ Below Average

Comments: \_\_\_\_\_

(continued on reverse)

**NIH Loan Repayment Programs**  
**Applicant Information:**  
**Recommendation** *(continued)*

7. Please rate the applicant with respect to the qualities set forth in the table below.

Quality	No Basis for Judgment	Among the Top 1%	Among the Top 5%	Among the Top 10%	Among the Top 33 1/3%	Average	Below Average
Clinical capabilities							
Initiative							
Sustained hard work							
Rapport with patients							
Rapport with preceptors							
Rapport with co-workers							

8. What are the main strengths and assets which the applicant will bring to the position for which he/she is applying?

9. What are the weaknesses which might limit the applicant's effectiveness in the position for which he/she is applying?

10. What is your overall recommendation for the applicant? *(Check one.)*

☐ High    ☐ Above Average    ☐ Average    ☐ Low    ☐ Do not recommend

*Additional comments*

11. Signature

Date

U. S. Department of Health and Human Services  
National Institutes of Health**NIH Loan Repayment Programs**  
**Loan Data Verification****Applicant's Instructions:**

Read the reverse of the form and complete all of Section A.

To each form, attach a copy of the loan agreement (promissory note) and standard student budgets (see reverse).

► **DO NOT SEND THIS FORM TO YOUR LENDER.** Send it to the National Institutes of Health Loan Repayment Programs, 2 Center Drive, MSC 0230, Bethesda, MD 20892-0230.

**Section A — The applicant completes this section.** (Please type or print.)

1. Applicant's Name (Last, first, middle)		2. Social Security No. (Giving your Social Security number (SSN) is voluntary; however, it is necessary for processing your application. Please see the Privacy Act information in this package.)	
3. Loan Account Number			
3a. Name and address of lending institution/holder of the loan (i.e., bank, educational institution)		3b. Name and address of servicing agent of the loan to whom payments are sent (if different from Item 3a)	
4. Original Amount of Loan	4a. Date of Loan	5. Current Balances	
		5a. Principal _____ as of (date) _____	
		5b. Interest _____ as of (date) _____	
6. Current Loan Status			
6a. Deferment from (dates) _____ until _____		<input type="checkbox"/> Check if interest-bearing	
6b. Forbearance from (dates) _____ until _____		<input type="checkbox"/> Check if interest-bearing	
7. Are your payments up to date?		6c. Repayment began (date) _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Monthly Payment Amount	9. Interest Rate of Loan <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
		_____ % <input type="checkbox"/> Simple <input type="checkbox"/> Compounded	
10. Purpose of the loan		11. Name of Federal or State program under which loan was received (e.g., Guaranteed Student Loan [GSL], Stafford Loan, Health Education Assistance Loan [HEAL])	

**12. Certification by Applicant/Borrower**

I hereby apply to enter into an agreement with the Secretary of HHS for repayment of the educational loan listed above, incurred solely for the costs of education, including reasonable living expenses. I hereby certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact which would render the statement false, fictitious, or fraudulent as a result of the omission. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties

under the Program Fraud Civil Remedies Act of 1986.

I hereby authorize the lending institution, servicing agent, and/or institutional program named above to release information about my loan to the administrators of the NIH Loan Repayment Programs (LRP), and to other authorized Government officials. This authorization shall remain in effect during my application and participation in the NIH LRP and 90 days after completion of LRP contracted service.

Signature of Applicant

Date

**Section B — The lending institution/servicing agent completes this section.**

**Lender/Servicer's Instructions:** Please verify the information in Section A, indicating any corrections next to the item(s) in question. Complete Section B and return this form, using the return envelope provided, as directed by the cover letter. Questions? Call (800) 528-7689.

Name and Title of Authorized Official for the Lending Institution

PLEASE  
PRINT**Lending Institution/Servicing Agent's Certification**

The undersigned states that, to the best of his or her knowledge, the loan identified above is a bona fide legally enforceable institutional, State, or Government educational loan made for the purpose of meeting the borrower's costs of attending a college or university, and that the information provided in Section A is correct.

Federal Tax Identification Number or EIN (Required for sending payments)

Signature

Date

# Application Instructions for the National Institutes of Health (NIH) Loan Repayment Programs (LRP)

The "Applicant Information" form (NIH 2674-1, pages 1–2), "Loan Data Verification" form(s) (NIH 2674-2), "NIH Loan Repayment Programs Contract" (NIH 2674-4), and their required attachments should be completed and sent directly to the National Institutes of Health Loan Repayment Programs, 2 Center Drive, MSC 0230, Bethesda, Maryland 20892-0230. Individuals are also responsible for ensuring that three references each complete an "Evaluation and Recommendation" form (NIH 2674-1, page 3) and send them directly to the LRP at the address above (envelopes are provided in this pack-

age). Applicants to the AIDS Research Loan Repayment Program must also submit the "ICD Recommendation: Proposed Research Assignment" form (NIH 2674-3, page 2) in consultation with their employing Institute, Center, or Division (ICD) and NIH research advisor/supervisor. The NIH may only consider applications of individuals who have received a two-year (or three-year for General Research LRP) minimum employment commitment to conduct qualified research as NIH employees. Individuals may consult the LRP InfoLine at 800-528-7689 for further information, assistance, and NIH ICD representatives.

## Instructions for Form NIH 2674-2 (Revised 9/96)

### General

- A separate Form NIH 2674-2 is required for *each* loan being considered for repayment. If you have multiple loans from the same lender, complete a separate form for each loan.
- For each loan being considered for repayment, you must attach a copy of the loan agreement or promissory note.
- Complete Section A only and transmit, with all attachments, directly to the NIH, LRP, 2 Center Drive, MSC 0230, Bethesda, Maryland 20892-0230. The LRP will submit these forms to your lender(s) for their verification and completion of Section B.
- For each school attended, attach a copy of the standard school budget for the year(s) for which you are requesting loan repayment. The standard school budget should include tuition, fees, other educational expenses such as books and materials, and living expenses such as room, board and transportation while in school. Standard school budgets can usually be requested from your school's Financial Aid Office.
- If you have any questions, contact the LRP Office at 800-528-7689.

**Item** (*Items not listed are considered to be self-explanatory.*)

### 2. Social Security Number

The Social Security number (SSN) is required to identify applicants who are selected for LRP contracts to the U.S. Department of the Treasury, Internal Revenue Service, for the payment of Federal income tax on LRP funds paid to your lenders. (See *Privacy Act Notification Statement* in this package.) Your SSN is used for identification purposes only.

### 3. Loan Account Number

The loan account number is required to identify and issue repayments for eligible loans of applicants selected for contracts with the LRP. The number provided should be unique and distinguish this loan account from other loan accounts held by the same lender. Include any prefix or suffix used by your lenders.

### 3a. Name and Address of Lending Institution/Loan Holder

Enter the name and address of the institution which currently holds your loan.

### 3b. Name and Address of Loan Servicing Agent

Enter the name and address of the servicing agent, where payments for your loan are sent, if different than 3a.

### 5. Current Balances

Enter the current principal and interest balances and their effective dates.

### 6. Current Loan Status

Enter the dates for the current period of deferment or forbearance. If the loan is in a repayment status, enter the date repayment began.

### 7. Payments Up-to-date

Indicate "No" if your loan is delinquent, in default, or is not current in its payment schedule. Loans in these categories are not eligible for repayment. Indicate "Yes" only if you have made payments to your loan as required under the terms of your agreement/note and no penalties are outstanding.

### 12. Certification

Your signature attests to the accuracy of information provided as well as authorizes the Department of Health and Human Services or any of its agencies to request, and your lending institution to release, information concerning your loan.



U. S. Department of Health and Human Services  
National Institutes of Health

# NIH Loan Repayment Programs

## IC Recommendation for LRP Funding

### Instructions for the Loan Repayment Program Coordinator:

Please read the reverse and then complete Sections A and B only.

Attach this form to a copy of the offer of employment, Form NIH 2674-3—Pages 2, 3, and 4 (*if applicable*), and their required attachments.

► Send the completed package to the National Institutes of Health Loan Repayment Programs, 2 Center Drive, MSC 0230, Bethesda, Maryland 20892-0230.

### Section A — Applicant Data

1. Applicant's Name ( <i>Last, first, middle</i> )	1a. IC	1b. Social Security No.
2. Position Title ( <i>e.g., Staff Fellow, Clinical Associate, etc.</i> )	2a. Pay Plan/Occupational Series	2b. Grade ( <i>if appropriate</i> )
3. Indicate the NIH loan repayment program that the applicant is applying to <input type="checkbox"/> General Research Loan Repayment Program <input type="checkbox"/> AIDS Research Loan Repayment Program <input type="checkbox"/> Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds	4. Loan Repayment Committee (LRC) Review Date	5. Anticipated program eligibility date ( <i>Initial applications only. See reverse for instructions.</i> )
6. NIH salary at program eligibility date ( <i>Initial applications only. See reverse for special instructions.</i> )	7. Contract length ( <i>to commence upon program eligibility date</i> ) <input type="checkbox"/> Initial (2 years) <input type="checkbox"/> Initial (3 years for General Research LRP only) <input type="checkbox"/> Renewal (1 year)	
8. Type of Assignment <input type="checkbox"/> Permanent assignment <input type="checkbox"/> Temporary assignment	8a. If assignment is temporary, when does it end?	8b. Can this be extended? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section B — IC Recommendations and Concurrences

1. Initiating official ( <i>Advisor/Supervisor</i> )	Date	2. Lab/Branch Chief	Date
3. Program Director ( <i>Intramural Scientific Director or Extramural Program Director</i> )	Date	4. Personnel Officer ( <i>See reverse for special instructions.</i> )	Date
5. IC Loan Repayment coordinator	Date	6. IC Director	Date

# **Application Instructions for the National Institutes of Health (NIH) Loan Repayment Programs (LRP)**

## **Instructions for Loan Repayment Program Coordinators Form NIH 2674-3 (Revised 11/98)**

### ***General***

- Upon receipt of pages 2-4 of the "IC Recommendation" forms (NIH 2674-3, Pages 2-4), complete Section A of page 1 and coordinate the clearance process of Section B.
- Applications completed and endorsed by your IC should be forwarded to the LRP, 2 Center Drive, MSC 0230, Bethesda, Maryland 20892-0230.
- Contact the LRP at (301) 402-5666 for assistance and deadline dates for the current fiscal year.

### ***Item***

#### **4. *Loan Repayment Committee (LRC) Review Date***

Enter the date of the next LRC review meeting. Review dates and application deadlines are released regularly by the Director, LRP. Call (301) 402-5666 if you have questions.

#### **5. *Anticipated Program Eligibility Date***

An applicant who has begun or will begin a qualified NIH research assignment prior to LRC review and approval may *not* be considered retroactive to the date that such an assignment began. Enter the next date of the LRC review for these applicants. Their two-year (or three-year for General Research LRP) NIH service commitment begins on this date.

An applicant who is selected for participation by the LRC prior to commencing a qualified NIH research assignment becomes eligible upon their entry-on-duty date to such an assignment. Enter the anticipated EOD date for applicants seeking preselection.

#### **7. *Contract Length***

Individuals must serve an initial, two-year (or three-year for General Research LRP) service contract prior to being considered for one-year, renewal contracts.

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## **Special Instructions for IC Personnel Officials Form NIH 2674-3 (Revised 11/98)**

IC Coordinators should complete and Personnel Officers must confirm the following:

- Candidate employability during the entire LRP contract period, which begins on the program eligibility date entered in Section A, Item 4 (two years for AIDS Research and Clinical Research LRPs or three years for General Research LRP); and
- Basic NIH salary entered in Section A, Item 5, as of applicant's program eligibility date. For applicants employed under the Commissioned Corps pay plan, salary is comprised of base pay plus quarters, subsistence, and variable housing allowances. Special and bonus pays, such as board certified, contract, and

variable incentive pays, are not included. Similarly, for applicants under the General Schedule pay plan, Physicians Comparability Allowances (PCA) are not included in the salary calculation. However, pursuant to Title 5, Code of Federal Regulations § 595.105(e), an individual receiving a PCA who is accepted into the LRP must have his/her PCA reduced by the amount of the loan repayment upon entry to the LRP.

Also, please attach a copy of the candidate's SF-50, USPHSCC personnel orders, or SPO commitment letter.

U. S. Department of Health and Human Services  
National Institutes of Health

**NIH Loan Repayment Programs**

**ICD Recommendation:  
Proposed Research Assignment**

Applicant's Name (*Last, first, middle*)

**Applicant's Instructions:**

Using only the space provided, provide a description of your proposed research assignment, including your specific responsibilities and role in conducting the research.

For the AIDS Research LRP, see special instructions on back.

Name of candidate's advisor/supervisor

Title

Signature  
(*Advisor/supervisor's endorsement*)

Date

# NIH Loan Repayment Programs

## Clinical Research

### Definitions

*Clinical research:* Biomedical and behavioral studies of etiology, epidemiology, prevention (and prevention strategies), diagnosis, or treatment of diseases, disorders or conditions, including but not limited to clinical trials.

*Clinical researchers:* Individuals with M.D., Ph.D., D.O., D.D.S., D.M.D., R.N., or equivalent degrees who have been granted clinical privileges by the Clinical Center Medical Board or an appropriate credentialing board.

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## AIDS Research

### “Activities Constituting AIDS Research”

*Adopted by the AIDS Loan Repayment Committee on November 19, 1993*

The following parameters define whether a proposed research assignment meets the criteria for coverage under the NIH AIDS Research Loan Repayment Program—that is, whether the incumbent will be “primarily” engaged in AIDS research. “Primarily” engaged in AIDS research is defined as AIDS research activities that constitute at least 80% of a researcher’s time. Clinical Associates, whose intent is to primarily engage in AIDS research, must engage in qualified AIDS research for at least three months in the first year of their program, with a total of fifteen months of qualified AIDS research during their two-year contract. AIDS researchers include registered nurses who are principal or associate investigators in AIDS research studies.

1. AIDS research includes studies of the human immunodeficiency virus (HIV), the pathophysiology of HIV infection, the development of models of HIV infection and its sequelae, cofactors predisposing to HIV infection and AIDS or its sequelae, and the development of vaccines and therapeutics. More specifically, the following research activities are included:
  - a. Studies of HIV and related retroviruses;
  - b. Studies of the mechanism(s) by which HIV and related retroviruses establish infection and infect host cells;
  - c. Studies of the mechanism(s) by which HIV and related retroviruses cause disease, including studies of the immune deficiency induced by HIV and related retroviruses;
  - d. Studies of the pathophysiology of host response to HIV infection;
  - e. Studies of *in vivo* or *in vitro* models of human HIV infection and its sequelae;
  - f. Epidemiologic studies of HIV and related retrovirus infection;
  - g. Clinical trials involving prophylaxis or therapy for HIV infection or its sequelae;
  - h. Preclinical studies aimed at the development of therapy for or prevention of HIV infection and the immunodeficiency caused by HIV infection and its sequelae;
  - i. Cofactors predisposing to acquiring HIV infection and/or the progression of HIV-related disease;
  - j. Basic studies and clinical trials involving vaccines or other immunological or chemotherapeutic interventions for the prevention of HIV infection and its sequelae;
  - k. Studies into the transmission of HIV involving high-risk behaviors and research concerning the interruption of transmission by behavioral change and pharmacologic intervention; and
  - l. Basic studies of the societal impact of and response to the HIV/AIDS epidemic, including subgroups within the population.
2. AIDS researchers include scientists who are intellectually engaged in the process of providing scientific direction and guidance in programs of original AIDS research, specifically, epidemiologists, statisticians, and others who are involved in the design and conduct of research studies. The duties of such scientists may include the generation and design of studies and collation and analysis of data; and/or the preparation and publication, as author or co-author, of studies in peer-reviewed journals.
3. AIDS researchers include physicians and registered nurses who are providing care for HIV-infected individuals who are subjects of HIV-related research.

U. S. Department of Health and Human Services National Institutes of Health  <b>NIH Loan Repayment Programs</b>  <b>ICD Recommendation: Description of Branch/Laboratory/Section Research</b>	Applicant's Name <i>(Last, first, middle)</i>	
	<b>Advisor/Supervisor's Instructions:</b>  A. Using only the space provided below, provide a description of the current research conducted in the branch/laboratory/section in which the applicant will be employed.  B. Attach your current C.V.	
Name of Branch/Laboratory/Section	Name of Applicant's Advisor and/or Direct Supervisor(s)	Date

U. S. Department of Health and Human Services  
National Institutes of Health

**NIH Loan Repayment Programs**  
**ICD Recommendation:**  
**Research Accomplishments**  
**(For Renewal Applications Only)**

Applicant's Name *(Last, first, middle)*

**Applicant's Instructions:**

*(For completion by renewal applicants only.)*

Using only the space provided below, describe your research accomplishments during the current LRP contract period. In addition to this description, you may attach research findings, abstracts presented, and other materials in support of your renewal application.

Name of candidate's advisor/supervisor

Title

Signature  
*(Advisor/supervisor's endorsement)*

Date

<p>U. S. Department of Health and Human Services National Institutes of Health</p> <p><b>NIH Loan Repayment Programs</b></p> <p><b>ICD Recommendation: Research Training Plan</b></p>	<p>Applicant's Name <i>(Last, first, middle)</i></p> <hr/> <p><b>Advisor/Supervisor's Instructions:</b> Using the space below and on the back of this form, provide a detailed description of the applicant's mentoring program. Specify the types of training interactions the incumbent will have with you; what training mechanisms will be used; what research methods and scientific techniques will be taught; what journal clubs or groups the applicant will join; and what conferences and seminars will be attended.</p> <p>If another laboratory staff member will be involved in the mentoring program, please provide his/her name and C.V., and describe his/her degree of involvement.</p>
<p>Advisor/Supervisor's Name</p>	<p>Name of ICD/Branch/Laboratory/Section</p>

U.S. Department of Health and Human Services  
National Institutes of Health

## NIH Loan Repayment Program Contract

Sections 487A, 487C, and 487E of the Public Health Service Act ("Act") authorize the Secretary of the Department of Health and Human Services ("Secretary") to repay a portion of the qualified educational loans of health professionals selected to be participants in the National Institutes of Health (NIH) Loan Repayment Programs ("LRP" or "Program"). In return for these loan repayments, applicants must agree to conduct, as employees of the NIH, qualified research in a manner and degree determined by the Secretary for a minimum of 2 years (or a minimum of 3 years for General Research LRP participants) in accordance with the service provisions of the National Health Service Corps (NHSC) Loan Repayment Program established in subpart III of part D of Title III of the Act.

Section 338B(b)(3) of the Act requires applicants to submit a signed contract which includes the Terms and Conditions of participation in the LRP with their applications. The Secretary shall execute only those contracts submitted by applicants who are selected for participation.

*The Terms and Conditions for participating in the LRP follow:*

### Section A — Obligations of the Secretary

Subject to the availability of funds appropriated by the U.S. Congress for the NIH and/or the LRP, the Secretary agrees to:

1. Pay, in the amount provided in Paragraph 2 of this section, the undersigned applicant's qualifying educational loans. Qualifying health professionals' loans consist of the principal, interest, and related expenses (such as the required interest premium on the unpaid balances of some loans) of qualified Government (Federal, State, and local) and commercial loans obtained by the applicant for the following expenses:
  - a. undergraduate, graduate, and health professional school tuition expenses;
  - b. other reasonable educational expenses required by the school(s) attended, including fees, books, supplies, educational equipment and materials, and laboratory expenses; and
  - c. the cost of room and board, and other reasonable living expenses as determined by the Secretary.
2. An applicant must have qualifying educational loans in excess of 20% of his or her annual NIH salary on his or her program eligibility date. This amount is the "*debt threshold*." The program eligibility date is the date on which his or her contract is executed by the Secretary and he or she is engaged in qualified research as an employee of the NIH. An amount equal to 50% of the debt threshold will not be repaid by the NIH, and must be repaid by the participant to his or her lender(s). NIH will repay the remaining educational debt ("*repayable debt*") as follows:
  - a. at the rate of one-fourth of the repayable debt for each year of qualified service, for those who are on a two-year or three-year contract, up to a \$35,000 maximum;
  - b. for the first, second and third year of qualified service, otherwise qualified applicants for the General Research LRP, who are participating in ACGME accredited clinical training programs, payment of repayable debt will be no more than \$\_\_\_\_\_ per year.
  - c. One-year continuation renewal contracts, beyond the second year (or third year, for contracts under the General Research LRP), may be entered into if the total repayable debt has not been repaid during the initial 2- or 3-year contract;

- d. if the applicant's contract is renewed, the NIH will repay at the rate of one-half of the remaining repayable debt up to a \$35,000 maximum; or 100% of the repayable debt if it is \$5,000 or less.
  - e. Payments are to be made on a delayed quarterly schedule after completion of qualified research, unless otherwise agreed to by the Secretary and the participant.
3. Provide reimbursement for increased Federal tax liability resulting from payments made pursuant to Paragraph 1 of this section in an amount equal to 39% of the total amount of loan repayments made for each tax year in which such payments were made.
  4. Payment of qualifying educational loans will be made directly to the lender(s). If there is more than one outstanding qualifying educational loan, the Secretary will repay the loans in the following order, unless the Secretary determines significant savings would result from paying loans in a different order of priority: (a) HEAL; (b) Other loans issued or guaranteed by the Federal Government; and (c) Other loans.
  5. Once a loan repayment contract has been signed by both parties, the Secretary shall obligate such funds as will be necessary to ensure that sufficient funds will be available to make loan repayments and tax reimbursements to cover the repayable debt, as defined in Paragraph 2 of this section.

### Section B — Obligations of the Participant

The participant agrees to:

1. Provide a description of each of his or her outstanding qualified educational loans and supporting documents, in a form and manner as defined by the Secretary;
2. Serve his or her 2- or 3-year minimum period of research service, which commences on the Program eligibility date, by conducting qualified research, as an employee of the NIH, as defined by the Secretary;
3. Provide written verification of the lender's crediting of all LRP payments and resulting account balances within a reasonable time after such payments are credited;
4. Repay the NIH for any sums paid erroneously to his or her lender(s), repay the NIH for any sums advanced to his or her lenders prior to satisfying his or her research service, and assist the NIH in obtaining a refund from his or her lender(s) for such sums; and
5. Comply with the provisions of Title 42, U.S. Code of Federal Regulations, Parts 68, 68a, or 68b, when adopted. Should any provision of these Parts be inconsistent with this contract, the regulatory provision will be controlling.

### Section C — Breach of Written Loan Repayment Contract

1. In accordance with 42 USC 288-1 and 42 USC 254o, which address enforcement of the NHSC LRP and will be regarded as equally applicable to the NIH's LRPs, any participant who fails to complete the minimum 2-year (or 3-year for General Research LRP) research service obligation required under the initial contract will be considered to have breached the contract and will be subject to assessment of monetary damages and penalties as specified in Paragraph 3 below.



- a. Termination for cause or for the convenience of the Government will not be considered a breach of contract, and monetary damages and penalties will not be assessed.
- b. Occasionally, a participant's assignment may evolve and change so that a determination is reached that he/she is no longer engaged in qualified research. Similarly, the research needs and priorities of the NIH may change, so that a determination is made that the researcher's skills may be better utilized in a research assignment which does not qualify for the LRP. Under these circumstances, the following will apply:
  - 1) Since no authority exists for the Secretary to make repayments on behalf of health professionals who are not engaged in qualified research, loan repayments will cease as of the date such determination is made.
  - 2) Normally, job changes of this nature will not be considered a breach of contract on the part of either the Secretary or the employee. Based upon the recommendation of the Secretary, the employee will be released from the remainder of his/her service obligation without assessment of damages or monetary penalties. Employees will be permitted to retain the benefit of all loan repayments made or owed by the NIH on their behalf up to the date of the contract release, except any payments advanced beyond the period of service rendered. Any payments advanced prior to research service must be repaid to the Government.

2. Participants who sign a continuation contract for a third (in the case of Clinical Research or AIDS Research LRP), fourth (in the case of General Research LRP), or subsequent year, and who fail to complete the 1-year period specified, will not be subject to monetary damages or penalties. However, any payments advanced beyond the period of research service rendered must be repaid to the Government, pursuant to Section B, Paragraph 4.

3. **Penalties for Failing to Complete the Service Obligation**

- a. In accordance with the statute, the Secretary will recover the following from participants who fail to complete the minimum service obligation:

**For Clinical Research and AIDS Research LRP Participants**

*2-Year Contract:*

- 1) *Breach before 1 year:*  
Amounts already paid by NIH on behalf of the participant + (\$1,000 x number of months of the full obligation period)

- 2) *Breach after 1 year but before 2:*  
Amounts already paid by NIH on behalf of the participant + (\$1,000 x number of months obligated but not served)

**For General Research LRP Participants**

*Greater than 2-Year Contract:*

- 1) *Breach before 1 year:*  
Amounts already paid by NIH on behalf of the participant + (\$1,000 x number of months of the full obligation period)
- 2) *Breach after 1 year but before 2:*  
Amounts already paid by NIH on behalf of the participant + (\$1,000 x number of months obligated but not served)
- 3) *Breach after 2 years:*  
Amounts already paid by NIH on behalf of the participant for periods of obligated service not served + \$10,000 if the individual fails to provide a 1-year notice of the intended breach (or such shorter time as is determined adequate to find a replacement).

- b. Any amount which the Secretary is entitled to recover due to the breach of contract must be paid within 1 year from the date of the breach. Collection agencies may be utilized when payment of damages is delinquent by more than 3 months, and credit agencies may be notified when payment of damages in excess of \$100 is delinquent by more than 60 days.
- c. Any obligation of the participant for payment of damages may be released by a discharge in bankruptcy under Title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that nondischarge of the obligation would be unconscionable.

**Section D—Cancellation, Suspension, and Waiver of Obligation**

1. Any service or payment obligation incurred by the participant under this contract will be canceled upon the participant's death.
2. The Secretary may waive or suspend the participant's service or payment obligation incurred under this contract if:
  - a. Compliance by the participant with the Terms and Conditions of this contract is impossible or would involve extreme hardship, and
  - b. Enforcement of such obligation would be unconscionable.

*The Secretary or his/her authorized representative must sign this contract before it becomes effective.*

Applicant's Name ( <i>Please print</i> )	Applicant's Signature	Date
Secretary of Health and Human Services or Designee		Date
Contract Period From: _____ To: _____		
<input type="checkbox"/> Initial Contract <input type="checkbox"/> Renewal Contract		

Public reporting for this collection of information is estimated to average 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NIH, Project Clearance Office, 6701 Rockledge Drive, MSC 7730, Bethesda, MD, 20892-7730, Attention: PRA (0925-0361). Do not return the completed form to this address.